**Payment Authorization Request Form**

**CONSULTANT**  **PRIZE  SPEAKER  OTHER**

*Instructions:*

When paying an award/prize money of any amount to an individual, please complete this form as supporting documentation and return to Claire Meyer. A **W9** will need to be collected from the individual in order to emit payment.

**Recipient:**

**Affiliation:**

**Amount:**

**Account:**

(ex: German Department, Biennial Symposium, etc.)

**Purpose for payment:**

**Date needed:**

DEAN/DEPARTMENT HEAD SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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